

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-037751**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1211

STATE FILE NUMBER

**FILED OCT 29 1962**

1. PLACE OF DEATH

a. COUNTY

*Buchanan*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY *Buchanan*

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

*St. Joseph*

Length of stay in 1b

*65 years*

c. CITY

OR TOWN

*St. Joseph*

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

*St. Joseph's Hospital*

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

*1001 Logan St.*

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

*Viola*

Middle

*C*

Last

*Ryther*

4. DATE OF DEATH

Month

Day

Year

*October*

*23*

*1962*

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

*Nov. 26, 1878*

9. AGE (last birthday)

*83*

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10b. KIND OF BUSINESS OR INDUSTRY

*Own home*

11. BIRTHPLACE (City and state or country)

*Wadsworth, Nevada*

12. CITIZEN OF WHAT COUNTRY

*USA*

13a. FATHER'S NAME

*Unknown*

13b. MOTHER'S MAIDEN NAME

*Unknown*

14. NAME OF HUSBAND OR WIFE

*Emerson Ryther, deceased*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

*no*

16. SOCIAL SECURITY NO.

*none*

17. INFORMANT

Address

*Mrs. Bub Grace-St. Joseph, Mo.*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Acute Coronary Occlusion*

INTERVAL BETWEEN ONSET AND DEATH

*3 hrs*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Arteriosclerotic Heart Disease*

*unknown*

DUE TO (c)

*Arteriosclerosis*

*unknown*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

*10/23/62*

to *10/23/62*

and last saw her/him alive on *10/23/62*

Death occurred at

*7:15 a*

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*Sharon E. Waggoner M.D.*

22b. ADDRESS

*301 Illinois Ave*

*St. Joseph, Missouri*

22c. DATE SIGNED

*10/23/62*

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

*Clark Funeral Home St. Joseph, Mo.*

25. DATE RECD. BY LOCAL REG.

*Oct. 24, 1962*

26. REGISTRAR'S SIGNATURE

*Mrs. Clark Goodell*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

S.E. Waggoner, Medical Certification

VS 300  
Rev. 4/59

*15117*

*25117*

*3*

*4*

*5*

*6*

*7*

*8*

*9*

*10*

*11*

*12*

*13*

*14*

*15*

*16*

*17*

*18*

*19*

*20*

*21*

*22*

*23*

*24*

*25*

*26*

*27*

*28*

*29*

*30*

*31*

*32*

*33*

*34*

*35*

Permit issued 10/24/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Emile A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.